

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">10/671846</div>	Filing Date				
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep												
Total Depend												
Total Claims												

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments